

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <div style="text-align: center;">VEK-001.01</div>
	In re Application of <div style="text-align: center;">Stephen C. Knight</div>	
	Application Number <div style="text-align: center;">09/938,295-Conf. #1054</div>	Filed <div style="text-align: center;">August 23, 2001</div>
	For RECRUITING A PATIENT INTO A CLINICAL TRIAL	
	Art Unit <div style="text-align: center;">3626</div>	Examiner <div style="text-align: center;">R. L. Porter</div>
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ <u>540.00</u></span></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ <u>270.00</u></span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>06-1448 Ref. VEK-001.01</u> . <b>Fee has been paid electronically.</b></p> <p><input checked="" type="checkbox"/> Applicant petitions under 37 CFR 1.136(a) for a three-month extension of time. Fee has been paid electronically.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input type="checkbox"/> applicant /inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>48,543</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> </div> <div style="width: 35%; text-align: center;"> <p><u>/SCOTT E. KAMHOLZ/</u> Signature</p> <p><u>Scott E. Kamholz</u> Typed or printed name</p> <p><u>(617) 832-1176</u> Telephone number</p> <p><u>July 6, 2009</u> Date</p> </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>		
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.		